

Signature, Chair, Board of Trustees

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:
<b>DATES:</b>

Date

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:						
This claim is for the period be	ginning	, 20 ar	d ending	, 20		
	month	day	month	day		
CERTIFICATION:						
The information on this form is complete and accurate to the best of my knowledge.						

County: District: District Level:

32 Missoula | 0583 Missoula Elem | Elementary

34 IVIISS	ouia	0503	IVIISSOUIA	Liem			Elemer	пагу
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	10bb	16.8	1.57	71	07/20/04	Operated	Social Security #
100	1	10HB	10.8	1.57	71	07/20/04		
100	1	10HD	10	1.57	71	07/20/04		
100	1	10HD 10SD	19.4	1.57	71	07/20/04		
100	1	10sp	45	0.95	17	07/20/04		
100	1	10sp 11HB	16.8	1.57	71	07/20/04		
100	1	11HD	17	1.57	71	07/20/04		
100	1	111b	33.5	1.57	71	07/20/04		
100	1	11sb 11sp	45	0.95	17	07/20/04		
100	1	11sp 12s	13	1.57	71	07/20/04		
100	1	12sp	45	0.95	15	07/20/04		
100	1	12sp 13bb	41.3	1.57	71	07/20/04		
100	1	13HD	6	1.57	71	07/20/04		
100	1	13HD 13sp	45	0.95	15	07/20/04		
100	1	13sp 14bb	49.1	1.57	71	07/20/04		
100	1	14HD	8.2	1.57	71	07/20/04		
100	1	1411D	45	0.95	15	07/20/04		
100	1	15sp	45	0.95	20	07/20/04		
100	1	16HBCD	27.9	1.57	71	07/20/04		
100	1	17BD	11	1.57	71	07/20/04		
100	1	178p	45	0.95	20	07/20/04		
100	1	18HBD	51	1.57	71	07/20/04		
100	1	18sp	45	0.95	14	07/20/04		
100	1	19HBD	18	1.57	71	07/20/04		
100	1	19sp	45	0.95	15	08/18/04		
100	1	1hd	12	1.57	71	07/20/04		
100	1	1sb	16.7	1.57	71	07/20/04		
100	1	20sp	45	0.95	15	08/18/04		
100	1	21sp	45	0.95	15	08/18/04		
100	1	22sp	45	0.95	15	08/18/04		
100	1	23sp	45	0.95	15	08/18/04		
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## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE	
DATES	

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

### S: **February 15 to State Superintendent** May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20\_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0583 Missoula Elem 32 Missoula **Elementary**

Percentage	District #	Route #	Miles Per Dav	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	27SP	45	1.15	53	07/20/04	Operated	Social Security #
100	1	28SP	45	0.95	16	07/20/04		
100	1	2HD	11.9	1.57	71	07/20/04		·
100	1	3hb		1.57	71			
	1		21.4			07/20/04		
100	1	4sb	19.6	1.57	71	07/20/04		
100	1	5hb	9.4	1.57	71	07/20/04		
100	1	5sp	45	0.95	18	07/20/04		
100	1	6HBD	18.3	1.57	71	07/20/04		
100	1	6SBD	20	1.57	71	07/20/04		
100	1	6sp	45	0.95	18	07/20/04		
100	1	7bb	24.3	1.57	71	07/20/04		
100	1	7hb	4.6	1.57	71	07/20/04		
100	1	7sp	45	0.95	18	07/20/04		
100	1	8sp	45	0.95	18	07/20/04		
100	1	9sp	45	0.95	18	07/20/04		
100	1	K1	19.1	0.95	18	07/20/04		
100	1	K3	38.4	0.95	15	08/18/04		
100	1	K5	27	0.95	15	07/20/04		
100	1	K7	25.7	0.95	18	07/20/04		
100	1	SE50	45	0.95	18	07/20/04		
100	1	SE51	45	0.95	18	07/20/04		
100	1	SE52	45	0.95	20	07/20/04		
100	1	SE53	45	0.95	14	07/20/04		
100	1	SE54	45	0.95	15	08/18/04		
100	1	SE55	45	0.95	15	08/18/04		



**CERTIFICATION:** 

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
<b>DATES:</b>

County:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

#### 

# The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

Percentage	
100         1         10BA         16.9         1.57         71         07/20/04           100         1         11BA         36.4         1.57         71         07/20/04           100         1         12BA         40         1.57         71         07/20/04           100         1         16SP         45         0.95         20         07/20/04           100         1         1BA         43         1.57         71         07/20/04           100         1         1HA         133         1.57         71         07/20/04           100         1         1SA         52.2         1.57         71         07/20/04           100         1         1SA         52.2         1.57         71         07/20/04           100         1         1SP         45         0.95         20         07/20/04           100         1         24SP         45         0.95         15         08/18/04           100         1         24SP         45         0.95         19         07/20/04           100         1         26SP         45         0.95         19         07/20/04	
100       1       11BA       36.4       1.57       71       07/20/04         100       1       12BA       40       1.57       71       07/20/04         100       1       16SP       45       0.95       20       07/20/04         100       1       1BA       43       1.57       71       07/20/04         100       1       1HA       133       1.57       71       07/20/04         100       1       1SA       52.2       1.57       71       07/20/04         100       1       1SP       45       0.95       20       07/20/04         100       1       24SP       45       0.95       15       08/18/04         100       1       25SP       45       0.95       19       07/20/04         100       1       25SP       45       0.95       19       07/20/04         100       1       26SP       45       0.95       19       07/20/04         100       1       26SP       45       0.95       19       07/20/04         100       1       29SP       45       0.95       48       07/20/04 <td< th=""><th>rity #</th></td<>	rity #
100         1         12BA         40         1.57         71         07/20/04           100         1         16SP         45         0.95         20         07/20/04           100         1         1BA         43         1.57         71         07/20/04           100         1         1HA         133         1.57         71         07/20/04           100         1         1SA         52.2         1.57         71         07/20/04           100         1         1SP         45         0.95         20         07/20/04           100         1         24SP         45         0.95         15         08/18/04           100         1         25SP         45         0.95         19         07/20/04           100         1         25SS         80         1.57         71         07/20/04           100         1         26SP         45         0.95         19         07/20/04           100         1         26SS         62         0.95         41         08/26/04           100         1         29SP         45         0.95         48         07/20/04	
100         1         16SP         45         0.95         20         07/20/04	
100         1         1BA         43         1.57         71         07/20/04	
100         1         1HA         133         1.57         71         07/20/04           100         1         1SA         52.2         1.57         71         07/20/04           100         1         1SP         45         0.95         20         07/20/04           100         1         24SP         45         0.95         15         08/18/04           100         1         25SP         45         0.95         19         07/20/04           100         1         25SS         80         1.57         71         07/20/04           100         1         26SP         45         0.95         19         07/20/04           100         1         26SS         62         0.95         41         08/26/04           100         1         29SP         45         0.95         48         07/20/04           100         1         2BA         69         1.57         71         07/20/04           100         1         2BA         69         1.57         71         07/20/04           100         1         2SA         16.3         1.57         71         07/20/04	
100         1         1SA         52.2         1.57         71         07/20/04	
100         1         1SP         45         0.95         20         07/20/04	
100       1       24SP       45       0.95       15       08/18/04         100       1       25SP       45       0.95       19       07/20/04         100       1       25SS       80       1.57       71       07/20/04         100       1       26SP       45       0.95       19       07/20/04         100       1       26ss       62       0.95       41       08/26/04         100       1       29SP       45       0.95       48       07/20/04         100       1       2BA       69       1.57       71       07/20/04         100       1       2HA       136.6       1.57       71       07/20/04         100       1       2SA       16.3       1.57       71       07/20/04         100       1       2SP       45       0.95       27       07/20/04         100       1       3BA       51.8       1.57       71       07/20/04         100       1       3HA       76.3       1.57       71       07/20/04         100       1       3SA       18       1.57       71       07/20/04 <td></td>	
100       1       25SP       45       0.95       19       07/20/04         100       1       25SS       80       1.57       71       07/20/04         100       1       26SP       45       0.95       19       07/20/04         100       1       26SS       62       0.95       41       08/26/04         100       1       29SP       45       0.95       48       07/20/04         100       1       2BA       69       1.57       71       07/20/04         100       1       2HA       136.6       1.57       71       07/20/04         100       1       2SA       16.3       1.57       71       07/20/04         100       1       2SP       45       0.95       27       07/20/04         100       1       3BA       51.8       1.57       71       07/20/04         100       1       3HA       76.3       1.57       71       07/20/04         100       1       3SA       18       1.57       71       07/20/04	
100       1       25SS       80       1.57       71       07/20/04	
100       1       26SP       45       0.95       19       07/20/04         100       1       26ss       62       0.95       41       08/26/04         100       1       29SP       45       0.95       48       07/20/04         100       1       2BA       69       1.57       71       07/20/04         100       1       2HA       136.6       1.57       71       07/20/04         100       1       2SA       16.3       1.57       71       07/20/04         100       1       2SP       45       0.95       27       07/20/04         100       1       3BA       51.8       1.57       71       07/20/04         100       1       3HA       76.3       1.57       71       07/20/04         100       1       3SA       18       1.57       71       07/20/04	
100       1       26ss       62       0.95       41       08/26/04         100       1       29SP       45       0.95       48       07/20/04         100       1       2BA       69       1.57       71       07/20/04         100       1       2HA       136.6       1.57       71       07/20/04         100       1       2SA       16.3       1.57       71       07/20/04         100       1       2SP       45       0.95       27       07/20/04         100       1       3BA       51.8       1.57       71       07/20/04         100       1       3HA       76.3       1.57       71       07/20/04         100       1       3SA       18       1.57       71       07/20/04	
100       1       29SP       45       0.95       48       07/20/04	
100     1     2BA     69     1.57     71     07/20/04       100     1     2HA     136.6     1.57     71     07/20/04       100     1     2SA     16.3     1.57     71     07/20/04       100     1     2SP     45     0.95     27     07/20/04       100     1     3BA     51.8     1.57     71     07/20/04       100     1     3HA     76.3     1.57     71     07/20/04       100     1     3SA     18     1.57     71     07/20/04	
100     1     2HA     136.6     1.57     71     07/20/04       100     1     2SA     16.3     1.57     71     07/20/04       100     1     2SP     45     0.95     27     07/20/04       100     1     3BA     51.8     1.57     71     07/20/04       100     1     3HA     76.3     1.57     71     07/20/04       100     1     3SA     18     1.57     71     07/20/04	
100     1     2SA     16.3     1.57     71     07/20/04       100     1     2SP     45     0.95     27     07/20/04       100     1     3BA     51.8     1.57     71     07/20/04       100     1     3HA     76.3     1.57     71     07/20/04       100     1     3SA     18     1.57     71     07/20/04	
100     1     2SP     45     0.95     27     07/20/04       100     1     3BA     51.8     1.57     71     07/20/04       100     1     3HA     76.3     1.57     71     07/20/04       100     1     3SA     18     1.57     71     07/20/04	
100     1     3BA     51.8     1.57     71     07/20/04	
100 1 3HA 76.3 1.57 71 07/20/04 100 1 3SA 18 1.57 71 07/20/04	
100 1 3SA 18 1.57 71 07/20/04	
100 1 250 45 0.05 12 07/20/04	
100   1   3SP   45   0.95   13   07/20/04	
100 1 4BA 37.7 1.57 71 07/20/04	
100 1 4SP 45 0.95 18 07/20/04	
100 1 5BA 54.2 1.57 71 07/20/04	
100 1 5HA 19.6 1.57 71 07/20/04	
100 1 6BA 59 1.57 71 07/20/04	
100 1 6HA 29.7 1.57 71 07/20/04	
100 1 7BA 56.4 1.57 71 07/20/04	
100 1 7HA 25.6 1.57 71 07/20/04	
100 1 8BA 48 1.57 71 08/18/04	

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

			•								
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				t
COMPLI	ETE THI	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR	SCHOO	OL BUS TRA	NSPORTATION	:	
This clain	a is for the	period beginning			,	20 a	and ending	g	,	20	
				onth	day		·			ay	
CERTIFI	CATIO	N:									
The infor	mation on	this form is comp	lete and a	ccurate to the	e best of my kn	owledge.					
Date	Date Signature, Chair, Board of Trustees										
County:			District:						District Le	evel:	
32 Missoula 0584 Missoula H S					High School						
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	eity	Inspection	Days Operated		Bus Driver's ocial Security #
100	1	8HA		55	1.57	71		07/20/04			
100	1	9BA		45.9	1.57	71		07/20/04			
100	1	9HA		26.9	1.57	71		07/20/04			
•											



## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

100

100

100

4

4

4

**First Semester** February 15 to State Superintendent

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 32 Missoula 0586 Hellgate Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Social Security # Percentage # # Per Mile Capacity Inspection Operated 100 4 1 36 1.57 71 07/28/04 100 4 10 68 1.36 66 07/28/04 100 4 27 71 07/28/04 11 1.57 100 4 12 33 1.36 65 07/28/04 71 100 4 13 13 1.57 07/28/04 100 4 14a 10 1.57 71 07/28/04 71 100 4 14b 10 1.57 07/28/04 100 4 15 1.57 72 07/28/04 15a 37 72 100 4 1.57 07/28/04 15b 71 100 4 16 10.4 1.57 07/28/04 100 4 2 49 1.36 65 07/28/04 100 4 3a 13 1.36 65 07/28/04 100 4 17 65 07/28/04 3b 1.36 100 13 1.57 71 07/28/04 4 4a 100 18 71 07/28/04 4 4b 1.57 100 4 5a 17 1.57 71 07/28/04 100 18 71 07/28/04 4 5b 1.57 100 4 21 1.57 72 07/28/04 6a 100 4 21 1.57 72 07/28/04 6b 100 20 71 07/28/04 4 7a 1.57 100 4 7b 20 1.57 71 07/28/04

72

72

71

07/28/04

07/28/04

07/28/04

TR-6 (1/05) Page 1

8a

8b

9

22

22

37

1.57

1.57

1.57

0	PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

Helena, MT 59620-2501							•			
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SC	HOOL BUS TRA	NSPORT	<b>CATION:</b>	
This clair	n is for the	period beginning	3		<b>,</b>	20 and	ending		,2	20
			m	onth	day		1	month	da	y
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and a	occurate to the	e best of my kn	owledge.				
Date			Signature	e, Chair, Board	d of Trustees					
County:			District:						District Lev	vel:
32 Misso	oula		0588	Lolo Elei	m				Elemen	tary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		rated	Bus Driver's Social Security #
100	7	1-A		6.2	1.36	66	08/23/04			
100	7	1-B		4.9	1.36	66	08/23/04			
100	7	2		25	1.36	66	08/23/04			
100	7	3-A		26.8	1.36	66	08/23/04			
100	7	3-B		19	1.36	66	08/23/04			

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1	First Semester to County Superi 5 to State Superin			Second S May 10 to County May 24 to State Su	•	
COMPLE	ETE THIS CLAIM FO	R STATE REIM	BURSEMENT	FOR SCHOOL	BUS TRANSPORT	ATION:	
This claim	ı is for the period beginning	month		0 and ending _	month	, 20 day	
CERTIFI	CATION:		<b>-</b>				
	mation on this form is comp	lete and accurate to t	he best of my kno	wledge.			
Date		Signature, Chair, Boa	rd of Trustees				
County		District:				District Level:	

0589 Potomac Elem 32 Missoula Elementary District Route Rate Miles Days **Bus Driver's** Percentage # # Per Day Per Mile Capacity Inspection Operated Social Security # 1 100 1154 1.36 65 08/28/042 100 30 1.36 65 08/28/04 11

PI	

100

100

14

14

8

9

9.1

18.6

1.57

1.36

71

66

08/28/04

08/28/04

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

**Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0590 Bonner Elem 32 Missoula **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 100 14 1 10.7 1.57 71 08/28/04 100 14 10 8.8 1.57 71 08/28/04 100 14 0.00 72 08/28/04 11 6.5 14 100 12 3.8 0.00 72 08/28/04 100 14 14 5.7 0.95 10 08/28/04 100 14 15 5.7 0.95 10 08/28/04 2 71 100 14 3.7 0.00 08/28/04 100 14 3 10 1.57 72 08/28/04 100 14 4 72 3.2 0.00 08/28/04 5 7.2 71 100 14 1.57 08/28/04 100 14 6 3.2 0.00 71 08/28/04 7 100 14 16.7 1.36 66 08/28/04 100 14 7A 16.7 72 08/28/04 1.57

0	PI

100

18

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

128

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	Г 59620-25	01		School Bus	ransportation		
DUE DATES:		February 1	to Cou	emester nty Superin te Superint				Second Semes o County Super o State Superin	rintendent	
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO:	N:	
This clair	n is for the	period beginning	-	month	day,	20 and en	dingn	nonth	, 20 day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District	Level:	
32 Misso	oula		0591	Woodma	n Elem			Elem	entary	
Parcentage	District #	Route		Miles Per Day	Rate Per Mile	Canacity	Inspection	Days Operated	Bus Driver's	

71

07/20/04

PI

District

#

20

20

Percentage

100

100

Route

#

1

2

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Miles

Per Day

68.8

25

Rate

Per Mile

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

State	
District	
County	

**Bus Driver's** 

Social Security #

	Hele	na, WH 59620-2	001		·		
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent				Second May 10 to County May 24 to State S	-		
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEME	NT FOR SCHOOL	BUS TRANSPOR	ΓATION:	
This claim	is for the period beginning	5		, 20 and ending _		, 20	
		month	day		month	day	
CERTIFI	CATION:						
The inform	nation on this form is comp	lete and accurate to tl	ne best of my ki	nowledge.			
Date		Signature, Chair, Boar	rd of Trustees				
County:		District:				District Level:	
32 Misso	ula	0592 DeSmet	Elem			Elementary	

Capacity

71

71

Inspection

08/18/04

07/20/04

PI

## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0593 Target Range Elem 32 Missoula **Elementary** District Days Route Miles Rate **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 23 1t-56 56 1.57 71 07/20/04 100 23 1T-56A 53 1.57 71 07/20/04 100 23 2t-50A 52 71 07/20/04 1.57 100 3T50A 71 23 52 1.57 08/18/04 100 55 55 71 07/20/04 23 1.57

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100

100

100

32

32

32

1 DAN/ERICA

2 BETTY

3 KEN/BOB

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

59.2

27.6

52

1.57

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M٦	Г 59620-25	01		School Bus	ı ransportat	lion	, <u></u>
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	NT FOR SCI	HOOL BUS TRA	NSPORTAT	TION:	
This clair	n is for the	period beginning	,	month	, day	20 and e	ndingn	nonth	, 20 day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County:			District:	:				Dis	trict Level:	
32 Missoula 0595 Clinton Elem								Ele	ementary	
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	d S	Bus Driver's Social Security #

72

71

72

07/29/04

07/29/04

07/29/04

PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for
State Reimbursement for
School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	February 1	First Semester to County Superin 5 to State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim	is for the period beginning	S	, 20	and ending _		, 20		
		month	day		month	day		
CERTIFI	CATION:							
The information on this form is complete and accurate to the best of my knowledge.								
Date		Signature, Chair, Boar	d of Trustees					

32 Misso	oula	0596	Swan Va	lley Elem			Elemen	ıtary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	33	NORTH	58	1.57	71	08/26/04		
100	33	SOUTH	56	1.15	59	08/26/04		_

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

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DUE DATES:		February 1 February 1	to Cou				-	Second Se 10 to County Su 24 to State Supe	ıperintendeı	nt
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SC	CHOOL BUS T	RANSPORTAT	TION:	
This clain	n is for the	period beginning	S		,	20 and	ending		, 20	
			1	month	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District	:				Dis	strict Level:	
32 Misso	Missoula 0597 Seeley Lake Elem							El	ementary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operate	d S	Bus Driver's Social Security #
100	34	I		58.8	1.57	71	08/21/04	ļ		
100	34	II		21.8	1.57	71	08/21/04	ı   <u></u>		
100	34	III		47.6	1.57	71	08/21/04	ı   <u></u>		
''							•	<u> </u>		



## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATEC.
<b>DATES:</b>

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

The information on this form is complete and accurate to the best of my knowledge.

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning		, 20 aı	nd ending	, 20				
	month	day	month	day				
CERTIFICATION:								

Date Signature, Chair, Board of Trustees

County: District: District Level:

32 Missoula 0599 Frenchtown K-12 Schools High School

52 IVIISSOUIA U593			Frenchtown K-12 Schools				righ School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	40	1	46.4	1.80	83	08/18/04		
100	40	10	28.6	1.57	72	08/18/04		
100	40	10A	30	1.57	72	08/18/04		
100	40	11	38.6	1.80	83	08/18/04		
100	40	12	25.8	1.80	83	08/18/04		
100	40	13	51.6	1.80	84	08/18/04		
100	40	14	81	1.80	83	08/18/04		
100	40	14A	1.4	1.80	83	08/18/04		
100	40	19	30	1.80	84	08/18/04		
100	40	19A	30	1.80	84	08/18/04		
100	40	2	62	1.80	84	08/18/04		
100	40	3	38.4	1.80	84	08/18/04		
100	40	3A	7.6	1.80	84	08/18/04		
100	40	4	64.4	1.80	84	08/24/04		
100	40	5	50.8	1.80	84	08/18/04		
100	40	6	32.2	1.80	84	08/18/04		
100	40	7	40.6	1.80	84	08/18/04		
100	40	8	27.6	1.80	84	08/18/04		
100	40	9	18.6	1.80	84	08/18/04		
100	40	Kindy 1	36.7	1.80	84	08/24/04		
100	40	Kindy 4	30.3	1.80	83	08/18/04		
100	40	Kindy 4A	30.3	1.80	84	08/18/04		
100	40	SE 16	26.1	0.95	16	08/18/04		
100	40	SE16A	2.2	0.95	16	08/18/04		
100	40	SE17	193.4	0.95	30	08/18/04		
100	40	SE18	28.5	0.95	30	08/18/04		
100	40	SE18A	13	0.95	30	08/18/04		
100	40	SE20	3.1	0.95	30	08/18/04		
100	40	SE21	11	0.95	16	08/18/04		